

# INITIAL CUSTODY CLASSIFICATION

1. DATE (YYYYMMDD)		2. INTERVIEWER NAME		3. (X one)	
				<input type="checkbox"/>	DETAINED
				<input type="checkbox"/>	ADJUDGED
4. IDENTIFICATION					
a. PRISONER NAME (Last, First, Middle)		b. SSN	c. GRADE	d. SEX (X one)	
				<input type="checkbox"/>	MALE
				<input type="checkbox"/>	FEMALE
5. ADMINISTRATIVE FACTORS (X as applicable)					
a. SUICIDE RISK					NO YES
b. PHYSICAL HEALTH PROBLEM					
c. MENTAL HEALTH PROBLEM					
d. SPECIAL QUARTERS					
6. MANAGEMENT FACTORS (Enter point values)					POINTS
a. OFFENSE _____ OFFENSE SEVERITY = 1 - 8					
b. SUBSTANCE ABUSE YES x 1 = 1    YES x 2 = 2    YES x 3 = 3    YES x 4 = 4					
c. PENDING CHARGES/WARRANTS/DETAINERS NO = 0    YES = (Enter points from Offense Severity Scale)					
d. HISTORY OF VIOLENCE QUESTION (2) - YES = 2    QUESTION (3) - YES = 4    QUESTION (4) - YES = 6    QUESTION (5) - YES = 8					
e. HISTORY OF ESCAPE NO = 0    YES = 6					
f. LENGTH OF SENTENCE TIME REMAINING DETAINEE OR 0 - 90 DAYS = 0    91 DAYS - 1 YEAR = 1    1+ TO 3 YEARS = 2    3+ TO 5 YEARS = 3 5 + TO 10 YEARS = 5    10+ YEARS = 7    LIFE/DEATH = 8					
g. TOTAL POINTS					
7. SCREENING DECISION (X one)					
<input type="checkbox"/> MEDIUM-IN (0 - 11 Points)			<input type="checkbox"/> MAXIMUM (12+ Points)		
8. FINAL DECISION					
a. OVERRIDE (X one)					
<input type="checkbox"/>	NO	<input type="checkbox"/>	YES -	<input type="checkbox"/>	CODE
<input type="checkbox"/>	NOT APPLICABLE (Policy)				
b. RATIONALE					
9. DECIDING AUTHORITY					
a. NAME		b. GRADE	c. TITLE	d. SIGNATURE	
10. CUSTODY DECISION					

# CLASSIFICATION WORKSHEET

11. DATE (YYYYMMDD)	12. TIME	13. INTERVIEWER NAME	14. (X one)	
			<input type="checkbox"/>	DETAINED
			<input type="checkbox"/>	ADJUDGED
15. ADMINISTRATIVE FACTORS				
a. SUICIDE RISK				
(1) HOW DO YOU FEEL ABOUT BEING HERE?				
(2) HAVE YOU EVER THOUGHT ABOUT COMMITTING SUICIDE? (X)			NO	YES
(3) DID YOU MAKE A PLAN TO COMMIT SUICIDE?				
(4) HAVE YOU EVER ATTEMPTED SUICIDE? (If Yes, when and how?)				
b. PHYSICAL HEALTH PROBLEM				
(1) DO YOU HAVE A CONTAGIOUS DISEASE? (If Yes, what?)			NO	YES
(2) DO YOU HAVE ANY PHYSICAL PROBLEMS? (If Yes, what?)				
(3) ARE YOU TAKING ANY MEDICATIONS? (If Yes, give reason)				
c. MENTAL HEALTH				
(1) DO YOU HAVE ANY MENTAL PROBLEMS? (If Yes, what?)			NO	YES
(2) WERE YOU EVER HOSPITALIZED FOR MENTAL PROBLEMS? (If Yes, when?)				
d. SPECIAL QUARTERS				
TO YOUR KNOWLEDGE, DO YOU HAVE ANY ENEMIES IN THIS FACILITY? (If Yes, who and why?)			NO	YES

CLASSIFICATION WORKSHEET (Continued)

**16. MANAGEMENT FACTORS**

**a. WHAT CHARGE(S) ARE YOU CONFINED FOR?**

**b. SUBSTANCE ABUSE (X)**

**NO YES**

(1) HAVE YOU EVER USED DRUGS OR ALCOHOL?

DRUGS  
ALCOHOL

(2) HAVE YOU USED DRUGS/ALCOHOL IN THIS ENLISTMENT?

DRUGS  
ALCOHOL

*(If answer to both (1) and (2) is No, skip to 16.c. If either (1) or (2) is Yes, continue lines (3) through (6).)*

(3) HAVE YOU EVER BEEN DISCIPLINED IN THE SERVICE OR FIRED FROM A JOB BECAUSE OF DRUG OR ALCOHOL USE?

(4) HAS DRUG/ALCOHOL USE EVER LED TO FAMILY PROBLEMS OR CONFLICTS?

(5) HAVE YOU EVER BEEN ARRESTED WHILE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL?

(6) HAS USE OF DRUGS/ALCOHOL RESULTED IN OTHER PROBLEMS, SUCH AS BLACKOUTS OR LOSS OF FRIENDS?

**c. PENDING CHARGES/WARRANTS/DETAINERS**

**NO YES**

DO YOU HAVE ANY OUTSTANDING WARRANTS/DETAINERS OR ADDITIONAL PENDING CHARGES? *(If Yes, explain)*

**d. HISTORY OF VIOLENCE (X)**

**NO YES**

(1) HAVE YOU EVER ASSAULTED ANOTHER PERSON?

*(If No, skip to 16.e. If Yes, answer (2) through (7).)*

(2) NON-PHYSICAL ALTERCATION

(3) ASSAULT WITHOUT A WEAPON

(4) ASSAULT WITH A WEAPON

(5) MULTIPLE ASSAULTS

(6) AGE AT TIME OF INCIDENT(S)

(7) EXPLAIN INCIDENT(S)

**e. HISTORY OF ESCAPE (X as appropriate. Assign 6 points in Item 6.e. if answer is Yes to any of the following questions:)**

**NO YES**

(1) HAVE YOU EVER ESCAPED OR ATTEMPTED TO ESCAPE CONFINEMENT?

(2) WERE YOU EVER APPREHENDED ON A PAROLE VIOLATION?

(3) HAVE YOU EVER RESISTED ARREST?

(4) DID YOU EVER INITIATE A PERIOD OF UNAUTHORIZED ABSENCE WHILE OTHER CHARGES WERE PENDING?

17. INTERVIEWER'S IMPRESSION